

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

16970

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 3049
 City Jackson Mo (City, Town or Village) Jackson (State) Mo (Ward)

File No. _____
 Registered No. 183

2. FULL NAME

(a) Residence. No. El Dorado Springs Mo Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Myrtle Dever

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 11 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 1 27 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo

10. NAME OF FATHER

Henry Dever

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER

Hanna Miller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) unknown

14.

INFORMANT Mrs Myrtle Dever
 (Address) El Dorado Spgs Mo

15.

FILED May 20 1925 F. L. BOOR REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7 1925

17. I HEREBY CERTIFY That I attended deceased from May 5, 1925, to May 7, 1925, and that I last saw him alive on May 7, 1925, and that death occurred, on the date stated above, at _____, a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fracture of the 7th cervical vertebra Compression of the spinal cord
Was attacked by bull from back
 CONTRIBUTORY (SECONDARY) Complete paralysis of arms legs & body

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF BIRTH El Dorado Sp. Mo.

AND AN OPERATIONAL OR SCENE OF DEATH. DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) John Green, M. D.

5-8-1925 (Address) Independence Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

El Dorado Springs 5-9 1925

20. UNDERTAKER

ADDRESS

W. H. Harrison Jackson Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

